



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PHYSICAL HEALTH ASSESSMENT

Effective Date: August 22, 2006

Policy #: PH-06

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I. PURPOSE: To provide guidelines for assessing patients' medical needs while they are at Montana State Hospital.

II. POLICY:

- A. A comprehensive medical history and physical health assessment will be completed for each patient admitted to Montana State Hospital. For patients who remain hospitalized for extended periods, a physical examination will be repeated at least annually.
- B. Significant findings from the physical health assessment process will be used in the treatment planning process.
- C. All Physical Health Assessments become a permanent part of the medical record.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- A. Physicians are responsible for completing physical health assessments according to policy.
- B. The Medical Clinic licensed nurse is responsible for tracking and notifying physicians when the annual health assessment is due.

V. PROCEDURE:

- A. Admission Physical Health Assessment
 - 1. The admission Physical Health Assessment includes a medical history and physical examination performed by a primary care physician within forty-eight (48) hours of admission.
 - 2. If a patient's psychiatric acuity prevents completing a full history and physical, an evaluation will be done from the available records and accompanying information. The patient will then be rescheduled for a complete assessment within the next seven days.

3. The Medical History will include:
 - a) History of present illness.
 - b) Past medical history (surgeries, injuries, illnesses, hospitalizations, immunizations when indicated or available, infectious and communicable diseases, major tests, such as MRI or CT);
 - c) Medication history and allergies;
 - d) Social History including use of alcohol and drugs/tobacco;
 - e) Family medical history.
 - f) Review of systems.
4. The Physical Examination will be a complete head-to-toe assessment including a neurological examination. See the attached format (Attachment A) for the Physical Examination.
5. Documentation of the physical health assessment will conclude with a summary, impressions, and any identified problems or needs which will be specifically deferred until after discharge.

B. Annual Physical Health Assessment

1. Every long-term patient will be scheduled for a complete physical health assessment at least annually.
2. If the patient repeatedly refuses to cooperate, a limited evaluation will be done using information in the medical record, communication with staff, and those examination procedures which can be completed.
3. The annual assessment is not limited to, but will include:
 - a) Review of medical history over the past year;
 - b) Review of systems,
 - c) Review of most recent physical examination,
 - d) A physical examination, and
 - e) Treatment planning related to physical health deficits.

C. Laboratory and Diagnostic Services

1. The physical health assessment process may result in the need for laboratory and other invasive diagnostic and imaging procedures for baseline purposes or in response to specific findings. The primary care physician will order tests in accordance with the standard of care protocols.

D. Documentation

1. All History and Physical Examinations are dictated and become a permanent part of the medical record.
2. Medical treatment issues will be documented in the Consultation section of the medical file. Orders and instructions for follow-up will be written on the Physician Order Sheets.

VI. REFERENCES: None

VII. COLLABORATED WITH: Medical Clinic Physicians, Director of Information Resources

VIII. RESCISSIONS: #PH-06, *Physical Health Assessment* dated March 31, 2003; #PH-06, *Physical Health Assessment* dated February 14, 2000; H.O.P.P. #PH-03-96-N, *Physical Health Assessment*, May 8, 1996

IX. DISTRIBUTION: All hospital policy manuals

X. REVIEW AND REISSUE DATE: August 2009

XI. FOLLOW-UP RESPONSIBILITY: Medical Director

XII. ATTACHMENTS: Attachment A – Physical Examination Form

_____/_____/_____
Ed Amberg
Hospital Administrator

Date

_____/_____/_____
Thomas Gray, MD
Medical Director

Date

